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(Depositor's name) (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/638,396	08/12/2003	Eli Aharoni	1222VIS-US	5471

TITLE OF INVENTION: IOL IMPLANTATION

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APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	YES	\$700		\$300	\$1000	12/20/2005			
EXAMINER		ART UNIT		CLASS-SUBCLASS					
BLANCO, JAVIER G		3738		623-006340	•				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
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Authorized Signature	David)	Wlen.		Date	23 Janua	~ 2006			

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